

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Genoa PAC (A PAC of Genoa-a QoL Healthcare Company LLC)

ADDRESS (number and street)

98133 Cascade Ave. South Ste 251

Check if different
than previously
reported. (ACC)

Tukwila

WA

98188

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00603373

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☒ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

07

01

2016

09

30

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Breed, Victor, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Breed, Victor, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

10

14

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Genoa PAC (A PAC of Genoa-a QoL Healthcare Company LLC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	70699.20	
(c) Total Receipts (from Line 19)	11635.85	84335.05
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	82335.05	84335.05
7. Total Disbursements (from Line 31)	6000.00	8000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	76335.05	76335.05
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Genoa PAC (A PAC of Genoa-a QoL Healthcare Company LLC)

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 07 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y
 09 / 30 / 2016
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

9672.00

80173.00

(ii) Unitemized

1963.85

4162.05

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

11635.85

84335.05

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

11635.85

84335.05

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))

11635.85

84335.05

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

11635.85

84335.05

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	6000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	2000.00	2000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6000.00	8000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6000.00	8000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11635.85	84335.05
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11635.85	84335.05
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genoa PAC (A PAC of Genoa-a QoL Healthcare Company LLC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bowen, Marie, , ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
TukwilaState
WAZip Code
98188FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLCOccupation (for Individual)
Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : A2016-1354737

Amount of Each Receipt this Period

97.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bowen, Marie, , ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
TukwilaState
WAZip Code
98188FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLCOccupation (for Individual)
Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2016

Transaction ID : A2016-1410223

Amount of Each Receipt this Period

97.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bowen, Marie, , ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
TukwilaState
WAZip Code
98188FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLCOccupation (for Individual)
Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

582.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 05 / 2016

Transaction ID : A2016-1410242

Amount of Each Receipt this Period

97.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

291.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genoa PAC (A PAC of Genoa-a QoL Healthcare Company LLC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bowen, Marie, , ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
TukwilaState
WAZip Code
98188FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLCOccupation (for Individual)
Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

679.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 19 / 2016

Transaction ID : A2016-1581836

Amount of Each Receipt this Period

97.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bowen, Marie, , ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
TukwilaState
WAZip Code
98188FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLCOccupation (for Individual)
Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

776.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 02 / 2016

Transaction ID : A2016-1731896

Amount of Each Receipt this Period

97.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bowen, Marie, , ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
TukwilaState
WAZip Code
98188FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLCOccupation (for Individual)
Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

873.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : A2016-1731259

Amount of Each Receipt this Period

97.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

291.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genoa PAC (A PAC of Genoa-a QoL Healthcare Company LLC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bowen, Marie, , ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
TukwilaState
WAZip Code
98188FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLCOccupation (for Individual)
Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

970.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : A2016-1838734

Amount of Each Receipt this Period

97.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Grant, Clancie, C, ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
TukwilaState
WAZip Code
98188FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLCOccupation (for Individual)
Site Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 05 / 2016

Transaction ID : A2016-1410248

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Grant, Clancie, C, ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
TukwilaState
WAZip Code
98188FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLCOccupation (for Individual)
Site Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 19 / 2016

Transaction ID : A2016-1581838

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

197.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genoa PAC (A PAC of Genoa-a QoL Healthcare Company LLC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Grant, Clancie, C, ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
TukwilaState
WAZip Code
98188FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLCOccupation (for Individual)
Site Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 02 / 2016

Transaction ID : A2016-1731902

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Grant, Clancie, C, ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
TukwilaState
WAZip Code
98188FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLCOccupation (for Individual)
Site Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : A2016-1731265

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Grant, Clancie, C, ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
TukwilaState
WAZip Code
98188FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLCOccupation (for Individual)
Site Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : A2016-1838737

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

150.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 31
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Genoa PAC (A PAC of Genoa-a QoL Healthcare Company LLC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Guptail, William, R, ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
Tukwila

State
WA

Zip Code
98188

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Genoa-a QoL Healthcare Co. LLC

Occupation (for Individual)

Senior VP of Payor Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

616.00

Date of Receipt

MM / DD / YYYY
07 / 08 / 2016

Transaction ID : A2016-1354738

Amount of Each Receipt this Period

154.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Guptail, William, R, ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
Tukwila

State
WA

Zip Code
98188

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLC

Occupation (for Individual)
Senior VP of Payor Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

MM / DD / YYYY
07 / 22 / 2016

Transaction ID : A2016-1410224

Amount of Each Receipt this Period

154.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Guptail, William, R, ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
Tukwila

State
WA

Zip Code
98188

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLC

Occupation (for Individual)
Senior VP of Payor Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

924.00

Date of Receipt

MM / DD / YYYY
08 / 05 / 2016

Transaction ID : A2016-1410243

Amount of Each Receipt this Period

154.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

462.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genoa PAC (A PAC of Genoa-a QoL Healthcare Company LLC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Guptail, William, R, ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
TukwilaState
WAZip Code
98188FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLCOccupation (for Individual)
Senior VP of Payor Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1078.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 19 / 2016

Transaction ID : A2016-1581839

Amount of Each Receipt this Period

154.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Guptail, William, R, ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
TukwilaState
WAZip Code
98188FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLCOccupation (for Individual)
Senior VP of Payor Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1232.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 02 / 2016

Transaction ID : A2016-1731897

Amount of Each Receipt this Period

154.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Guptail, William, R, ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
TukwilaState
WAZip Code
98188FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLCOccupation (for Individual)
Senior VP of Payor Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1386.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : A2016-1731260

Amount of Each Receipt this Period

154.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

462.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 31
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Genoa PAC (A PAC of Genoa-a QoL Healthcare Company LLC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Guptail, William, R, ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
Tukwila

State
WA

Zip Code
98188

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLC

Occupation (for Individual)
Senior VP of Payor Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1540.00

Date of Receipt

09 / 30 / 2016

Transaction ID : A2016-1838738

Amount of Each Receipt this Period

154.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Harnsberger, Jeffrey, J, ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
Tukwila

State
WA

Zip Code
98188

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLC

Occupation (for Individual)
Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 30 / 2016

Transaction ID : A2016-1838739

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hart, Larry, D, ,

Mailing Address 18300 Cascade Ave. South Ste 251

City
Tukwila

State
WA

Zip Code
98188

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLC

Occupation (for Individual)
Director of New Implementation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

09 / 16 / 2016

Transaction ID : A2016-1731267

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

204.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 31

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genoa PAC (A PAC of Genoa-a QoL Healthcare Company LLC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hart, Larry, D, ,

Mailing Address 18300 Cascade Ave. South Ste 251

City
Tukwila

State
WA

Zip Code
98188

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLC

Occupation (for Individual)
Director of New Implementation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

09 / 30 / 2016

Transaction ID : A2016-1838740

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hinshaw, Bruce, A, ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
Tukwila

State
WA

Zip Code
98188

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLC

Occupation (for Individual)
Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

08 / 19 / 2016

Transaction ID : A2016-1581842

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hinshaw, Bruce, A, ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
Tukwila

State
WA

Zip Code
98188

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLC

Occupation (for Individual)
Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

09 / 02 / 2016

Transaction ID : A2016-1731898

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genoa PAC (A PAC of Genoa-a QoL Healthcare Company LLC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hinshaw, Bruce, A, ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
TukwilaState
WAZip Code
98188FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLCOccupation (for Individual)
Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : A2016-1731261

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hinshaw, Bruce, A, ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
TukwilaState
WAZip Code
98188FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLCOccupation (for Individual)
Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : A2016-1838741

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kline, Quintina, G, ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
TukwilaState
WAZip Code
98188FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLCOccupation (for Individual)
Manager of Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : A2016-1354730

Amount of Each Receipt this Period

77.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

137.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genoa PAC (A PAC of Genoa-a QoL Healthcare Company LLC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kline, Quintina, G, ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
TukwilaState
WAZip Code
98188FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLCOccupation (for Individual)
Manager of Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 19 / 2016

Transaction ID : A2016-1581846

Amount of Each Receipt this Period

77.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kline, Quintina, G, ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
TukwilaState
WAZip Code
98188FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLCOccupation (for Individual)
Manager of Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

539.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 02 / 2016

Transaction ID : A2016-1731889

Amount of Each Receipt this Period

77.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kline, Quintina, G, ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
TukwilaState
WAZip Code
98188FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLCOccupation (for Individual)
Manager of Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

693.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : A2016-1838745

Amount of Each Receipt this Period

154.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

308.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 31

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genoa PAC (A PAC of Genoa-a QoL Healthcare Company LLC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kornechuk, Stephanie, , ,

Mailing Address 18300 Cascade Ave. South Ste 251

City
Tukwila

State
WA

Zip Code
98188

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLC

Occupation (for Individual)
VP of Purchasing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

08 / 01 / 2016

Transaction ID : A2016-1398837

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kurilla, Susan, K, , Pharm

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
Tukwila

State
WA

Zip Code
98188

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLC

Occupation (for Individual)
Site Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

09 / 30 / 2016

Transaction ID : A2016-1838746

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Malik, Mubeen, A, ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
Tukwila

State
WA

Zip Code
98188

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLC

Occupation (for Individual)
VP of Operations of 1 DocWay

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

203.00

Date of Receipt

09 / 02 / 2016

Transaction ID : A2016-1731901

Amount of Each Receipt this Period

29.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5049.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genoa PAC (A PAC of Genoa-a QoL Healthcare Company LLC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Malik, Mubeen, A, ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
TukwilaState
WAZip Code
98188FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLCOccupation (for Individual)
VP of Operations of 1 DocWay

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : A2016-1731264

Amount of Each Receipt this Period

29.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Malik, Mubeen, A, ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
TukwilaState
WAZip Code
98188FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLCOccupation (for Individual)
VP of Operations of 1 DocWay

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : A2016-1838747

Amount of Each Receipt this Period

29.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Masten, Dale, D, ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
TukwilaState
WAZip Code
98188FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLCOccupation (for Individual)
Director of Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : A2016-1354732

Amount of Each Receipt this Period

154.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

212.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 31

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genoa PAC (A PAC of Genoa-a QoL Healthcare Company LLC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Masten, Dale, D, ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
Tukwila

State
WA

Zip Code
98188

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLC

Occupation (for Individual)
Director of Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

924.00

Date of Receipt

MM / DD / YYYY
07 / 22 / 2016

Transaction ID : A2016-1410219

Amount of Each Receipt this Period

154.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Masten, Dale, D, ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
Tukwila

State
WA

Zip Code
98188

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLC

Occupation (for Individual)
Director of Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1078.00

Date of Receipt

MM / DD / YYYY
08 / 05 / 2016

Transaction ID : A2016-1410237

Amount of Each Receipt this Period

154.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Masten, Dale, D, ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
Tukwila

State
WA

Zip Code
98188

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLC

Occupation (for Individual)
Director of Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1232.00

Date of Receipt

MM / DD / YYYY
08 / 19 / 2016

Transaction ID : A2016-1581849

Amount of Each Receipt this Period

154.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

462.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 31
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Genoa PAC (A PAC of Genoa-a QoL Healthcare Company LLC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Masten, Dale, D, ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
Tukwila

State
WA

Zip Code
98188

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Genoa-a QoL Healthcare Co. LLC

Occupation (for Individual)

Director of Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1386.00

Date of Receipt

09 / 02 / 2016

Transaction ID : A2016-1731891

Amount of Each Receipt this Period

154.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Masten, Dale, D, ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
Tukwila

State
WA

Zip Code
98188

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLC

Occupation (for Individual)

Director of Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1540.00

Date of Receipt

09 / 16 / 2016

Transaction ID : A2016-1731254

Amount of Each Receipt this Period

154.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Masten, Dale, D, ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
Tukwila

State
WA

Zip Code
98188

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLC

Occupation (for Individual)

Director of Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1694.00

Date of Receipt

09 / 30 / 2016

Transaction ID : A2016-1838727

Amount of Each Receipt this Period

154.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

462.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Genoa PAC (A PAC of Genoa-a QoL Healthcare Company LLC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Poe, Harold, G, ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
TukwilaState
WAZip Code
98188FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLCOccupation (for Individual)
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 05 / 2016

Transaction ID : A2016-1410238

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Poe, Harold, G, ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
TukwilaState
WAZip Code
98188FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLCOccupation (for Individual)
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 19 / 2016

Transaction ID : A2016-1581851

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Poe, Harold, G, ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
TukwilaState
WAZip Code
98188FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLCOccupation (for Individual)
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 02 / 2016

Transaction ID : A2016-1731892

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

90.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 22 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genoa PAC (A PAC of Genoa-a QoL Healthcare Company LLC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Poe, Harold, G, ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
TukwilaState
WAZip Code
98188FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLCOccupation (for Individual)
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : A2016-1731255

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Poe, Harold, G, ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
TukwilaState
WAZip Code
98188FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLCOccupation (for Individual)
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : A2016-1838729

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Porter, LaTonge, , ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
TukwilaState
WAZip Code
98188FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLCOccupation (for Individual)
Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2016

Transaction ID : A2016-1410227

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

110.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genoa PAC (A PAC of Genoa-a QoL Healthcare Company LLC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Porter, LaTonage, , ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
Tukwila

State
WA

Zip Code
98188

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLC

Occupation (for Individual)
Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 05 / 2016

Transaction ID : A2016-1410246

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Porter, LaTonage, , ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
Tukwila

State
WA

Zip Code
98188

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLC

Occupation (for Individual)
Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 19 / 2016

Transaction ID : A2016-1581852

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Porter, LaTonage, , ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
Tukwila

State
WA

Zip Code
98188

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLC

Occupation (for Individual)
Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 02 / 2016

Transaction ID : A2016-1731900

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 31

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genoa PAC (A PAC of Genoa-a QoL Healthcare Company LLC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Porter, LaTonage, , ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
Tukwila

State
WA

Zip Code
98188

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLC

Occupation (for Individual)
Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 16 / 2016

Transaction ID : A2016-1731263

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Porter, LaTonage, , ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
Tukwila

State
WA

Zip Code
98188

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLC

Occupation (for Individual)
Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 30 / 2016

Transaction ID : A2016-1838730

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Reyes, Sarah, A, ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
Tukwila

State
WA

Zip Code
98188

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLC

Occupation (for Individual)
Manager Licensing and 3rd Party Con

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

203.00

Date of Receipt

08 / 05 / 2016

Transaction ID : A2016-1410239

Amount of Each Receipt this Period

29.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

129.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genoa PAC (A PAC of Genoa-a QoL Healthcare Company LLC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Reyes, Sarah, A, ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
TukwilaState
WAZip Code
98188FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLCOccupation (for Individual)
Manager Licensing and 3rd Party Con

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 19 / 2016

Transaction ID : A2016-1581853

Amount of Each Receipt this Period

29.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Reyes, Sarah, A, ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
TukwilaState
WAZip Code
98188FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLCOccupation (for Individual)
Manager Licensing and 3rd Party Con

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 02 / 2016

Transaction ID : A2016-1731893

Amount of Each Receipt this Period

29.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Reyes, Sarah, A, ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
TukwilaState
WAZip Code
98188FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLCOccupation (for Individual)
Manager Licensing and 3rd Party Con

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : A2016-1731256

Amount of Each Receipt this Period

29.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

87.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genoa PAC (A PAC of Genoa-a QoL Healthcare Company LLC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Reyes, Sarah, A, ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
TukwilaState
WAZip Code
98188FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Genoa-a QoL Healthcare Co. LLC

Occupation (for Individual)

Manager Licensing and 3rd Party Con

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : A2016-1838731

Amount of Each Receipt this Period

29.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Watson, David, , ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
TukwilaState
WAZip Code
98188FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Genoa-a QoL Healthcare Co. LLC

Occupation (for Individual)

Site Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 05 / 2016

Transaction ID : A2016-1410240

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Watson, David, , ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
TukwilaState
WAZip Code
98188FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Genoa-a QoL Healthcare Co. LLC

Occupation (for Individual)

Site Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 19 / 2016

Transaction ID : A2016-1581854

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

89.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genoa PAC (A PAC of Genoa-a QoL Healthcare Company LLC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Watson, David, , ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City

Tukwila

State

WA

Zip Code

98188

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Genoa-a QoL Healthcare Co. LLC

Occupation (for Individual)

Site Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 02 / 2016

Transaction ID : A2016-1731894

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Watson, David, , ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City

Tukwila

State

WA

Zip Code

98188

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Genoa-a QoL Healthcare Co. LLC

Occupation (for Individual)

Site Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : A2016-1731257

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Watson, David, , ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City

Tukwila

State

WA

Zip Code

98188

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Genoa-a QoL Healthcare Co. LLC

Occupation (for Individual)

Site Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : A2016-1838732

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

90.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genoa PAC (A PAC of Genoa-a QoL Healthcare Company LLC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Weiderhaft, Sara, J, ,

Mailing Address 18300 Cascade Ave. South Ste 251

City
TukwilaState
WAZip Code
98188FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLCOccupation (for Individual)
Site Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : A2016-1731270

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Weiderhaft, Sara, J, ,

Mailing Address 18300 Cascade Ave. South Ste 251

City
TukwilaState
WAZip Code
98188FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLCOccupation (for Individual)
Site Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : A2016-1838733

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wilttrout, Tara, R, ,

Mailing Address 18300 Cascade Ave. S. Ste. 251

City
TukwilaState
WAZip Code
98188FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Genoa-a QoL Healthcare Co. LLCOccupation (for Individual)
Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 19 / 2016

Transaction ID : A2016-1581856

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 31
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Genoa PAC (A PAC of Genoa-a QoL Healthcare Company LLC)

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>A. Wilttrout, Tara, R, ,</p> <p>Mailing Address 18300 Cascade Ave. S. Ste. 251</p>		<p>Date of Receipt</p> <p><input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2016"/></p> <p>Transaction ID : A2016-1731895</p>	
<p>City</p> <p>Tukwila</p>	<p>State</p> <p>WA</p>	<p>Zip Code</p> <p>98188</p>	<p>Amount of Each Receipt this Period</p> <p><input type="text" value="30.00"/></p>
<p>FEC ID number of contributing federal political committee.</p> <p><input type="text" value="C"/></p>		<p><input type="checkbox"/> Memo Item</p>	
<p>Name of Employer (for Individual)</p> <p>Genoa-a QoL Healthcare Co. LLC</p>		<p>Occupation (for Individual)</p> <p>Sales Director</p>	
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼</p> <p><input type="text" value="240.00"/></p>	
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>B. Wilttrout, Tara, R, ,</p> <p>Mailing Address 18300 Cascade Ave. S. Ste. 251</p>		<p>Date of Receipt</p> <p><input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2016"/></p> <p>Transaction ID : A2016-1731258</p>	
<p>City</p> <p>Tukwila</p>	<p>State</p> <p>WA</p>	<p>Zip Code</p> <p>98188</p>	<p>Amount of Each Receipt this Period</p> <p><input type="text" value="30.00"/></p>
<p>FEC ID number of contributing federal political committee.</p> <p><input type="text" value="C"/></p>		<p><input type="checkbox"/> Memo Item</p>	
<p>Name of Employer (for Individual)</p> <p>Genoa-a QoL Healthcare Co. LLC</p>		<p>Occupation (for Individual)</p> <p>Sales Director</p>	
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼</p> <p><input type="text" value="270.00"/></p>	
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p>C.</p> <p>Mailing Address</p>		<p>Date of Receipt</p> <p><input type="text"/> / <input type="text"/> / <input type="text"/></p>	
<p>City</p>	<p>State</p>	<p>Zip Code</p>	<p>Amount of Each Receipt this Period</p> <p><input type="text"/></p>
<p>FEC ID number of contributing federal political committee.</p> <p><input type="text" value="C"/></p>		<p><input type="checkbox"/> Memo Item</p>	
<p>Name of Employer (for Individual)</p>		<p>Occupation (for Individual)</p>	
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>		<p>Aggregate Year-to-Date ▼</p> <p><input type="text"/></p>	
<p>SUBTOTAL of Receipts This Page (optional).....▶</p>		<p><input type="text" value="60.00"/></p>	
<p>TOTAL This Period (last page this line number only).....▶</p>		<p><input type="text" value="9672.00"/></p>	

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Genoa PAC (A PAC of Genoa-a QoL Healthcare Company LLC)

Full Name (Last, First, Middle Initial)

A. Boozman for Arkansas

Mailing Address PO Box 671

City
RogersState
ARZip Code
72757Purpose of Disbursement
Contribution

011

Candidate Name

Boozman, John, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: AR

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	1	6		

FEC Identification Number

C C00476317**Transaction ID : B626327**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tim Murphy for Congress

Mailing Address P.O. Box 24551

City
PittsburghState
PAZip Code
15234Purpose of Disbursement
Contribution

011

Candidate Name

Murphy, Tim, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA

District: 18

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	6			2	0	1	6		

FEC Identification Number

C C00372201**Transaction ID : B624525**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. The Congressman Joe Barton Committee

Mailing Address P.O. Box 1444

City
EnnisState
TXZip Code
75120Purpose of Disbursement
Contribution

011

Candidate Name

Barton, Joe, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: TX

District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	1	6		

FEC Identification Number

C C00195065**Transaction ID : B624941**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

4000.00

TOTAL This Period (last page this line number only)..... ►

4000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Genoa PAC (A PAC of Genoa-a QoL Healthcare Company LLC)

Full Name (Last, First, Middle Initial)

A. Schmidt for Senate

Mailing Address 5906 SW 43rd Court

City
TopekaState
KSZip Code
66610Purpose of Disbursement
G-2016 State Senate 20 KS

011

Category/
Type

Candidate Name

Schmidt, Vicki, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: KS District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

FEC Identification Number

C

Transaction ID : B626370

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Koster for Missouri

Mailing Address P.O. Box 440173

City
St. LouisState
MOZip Code
63144Purpose of Disbursement
G-2016 Governor MO

011

Category/
Type

Candidate Name

Koster, Chris, , ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2016

FEC Identification Number

C

Transaction ID : B624524

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens for Lehner

Mailing Address 533 Lockerbie Ln

City
KetteringState
OHZip Code
45429Purpose of Disbursement
G-2016 State Senate 6 OH

011

Category/
Type

Candidate Name

Lehner, Peggy, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2016

FEC Identification Number

C

Transaction ID : B626392

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2000.00

2000.00